

## Draft Minutes of: Patient Safety Committee Date/Time of Meeting: 27<sup>th</sup> July, 15:00 – 17:00, MS Teams

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Title / Department	Name	Initials	Present / apols	Attendance record	Deputy
Core membership	1				Charles and the same of the sa
Chief Nurse (Chair)	Julie Gray	JG	Present	3/3	
Associate Director of Clinical	Chris Lube	CL	Apologies	0/3	
Governance & Patient Safety (Lead			103.00		
Officer)		X			
Head of Risk & Compliance (Lead Officer)	Nicky Brown	NB	Present	2/3	$\boxtimes$
Consultant in Palliative Care	Dan Monnery	DM	Apologies	1/3	
Deputy Director of Nursing	Karen Kay	KK	Present	2/3	
Associate Director of Clinical Education	Kate Greaves	KG	Present	2/3	
General Manager, Radiotherapy	Julie Massey	JM	Apologies	1/3	
General Manager, Acute Services	Liz Furmedge	LF	Apologies	1/3	$\boxtimes$
General Manager, Networked Services	Fran Ashley	FA	Present	2/3	
Divisional Nurse Director, Network Services	Liz Morgan	LM	Present	3/3	
Director of Pharmacy	Tori Young	TY	Present	2/3	
Chief AHP and Divisional AHP Director, Radiation Services	Linda Williams	LW	Apologies	2/3	
Divisional Governance Manager Network Services	Reason (or exemption	JC	Present	3/3	
Divisional Governance Manager Acute Services	Reason (or exemption	PL	Present	3/3	
Divisional Governance Manager Radiation Services	Reason (or exemption co	DC	Present	3/3	
Legal & Governance Manager	Reason (or exemption code) 2	LG	Present	3/3	
Quality Manager Audit & Statistics	Reason (or exemptio	HW	Apologies	0/3	
Blood Transfusion Practitioner	Reason (or exemptio	JI	Present	3/3	
Quality Improvement Manager	Reason (or exemptio	CS	Present	3/3	
Deputy Chief Pharmacist	Joanne McCaughey	JMc	Present	2/3	
Head of Physics	Carl Rowbottom	CR	Apologies	0/3	
Consultant Haematologist	Arpad Toth	AR	Apologies	0/3	
Associate Medical Director, Acute Services	Lynny Yung	LY	Apologies	0/3	
Quality and Operational Lead Radiology	Reason (or exemption code) 2	SC	Present	1/3	
Named Nurse for Safeguarding	Clare James	CJ	Apologies	0/3	
Chief Nursing Information Officer	Emma Daley	ED	Apologies	0/3	$\boxtimes$
			, tpologico		
Also in attendance Title	Name		Initiala		
Minute Taker			Initials AJ		
Representing Emma Daley	Reason (or exe  Reason (or exemptio		EW		
Representing Liz Furmedge	Reason (or exemptio  Reason (or exemption		JD		
Superintendent Pharmacist for CPL	Burhan Zavery		BZ		
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Ref: FCGOMINS Review: July 2025 Version: 2.0



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15-22	Standard business	
а	Welcome and introductions	V'U
	JG welcomed everyone to the meeting.	
b	Quoracy	7
	The meeting was deemed quorate with representation across all Divisions.	
С	Apologies	
	Apologies were received from Julie Massey, Liz Furmedge, Dan Monnery, Emma Daley, L Williams.	₋inda
d	Declarations of Interest	
	There were no declarations of interest noted.	
е	Minutes of Previous Meeting	Action
	The DRAFT minutes from the 22nd June 2022 were approved as a correct record of the	71011011
	meeting subject to the following minor revisions:	
	* It was noted that JMc attended the meeting	AJ
	* Reason (or exemption code) 2's name to be amended as there was a misspelling	AJ
f	Matters Arising / Outstanding Actions	
	PSG-05-21 - Junior Doctor Training. JMc has obtained approval from the training lead	
	for the junior doctors to undertake insulin and prescribing training. JMc to meet with L&D	
	to develop the training packages and move this forward. Update to be provided to	JMc
	October Committee. AJ to add to rolling programme.	AJ
	<b>PSG-09-22b</b> – <b>Patient Safety Alerts.</b> JG asked for clarity on what evidence needs to be	NB/JMc
	submitted to close an alert. JMc and NB are working collaboratively on this. A draft	/AJ
	policy is to be presented at Sept PSC – AJ to add to the rolling programme.	Sept
	PSG-03-22a – Emergency Handbook. JD confirmed that the Handbook can now be	JD/
	accessed on all desktops and Junior Doctors will be notified of this at induction. The	טט. Pauline
	narrative advising "For LUFHT only" is to be removed as the pop up is still in existence.	Drane
g	Action Rolling Programme	
	The Rolling Programme was noted. Presentation of the Duty of Candour Audit report is	
	to be deferred to September PSC. AJ to update rolling programme. All other items are	AJ/NB
	on the agenda.	Sept
16-22	Standard Items	
a	National Patient Safety Strategy Update	
-	An update report was shared with committee members detailing CCC progress against	
	the key objectives of the National Patient Safety Strategy (2019). Seven key objectives	
	have been identified, these significant pieces of work will require support from staff	
	across CCC for successful implementation. NB, JG and KK will progress the	
	recommendations until the new Associate Director of Clinical Governance takes	
7	ownership of the action plan for completion by April 2023.	
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b	Patient Safety Alerts	
	The Patient Safety Alert reports for June and July 2022 were noted by Committee.	of 7
	NB advised that during July 2022 there were:	
	The dathed that daining only Lore more.	
	* 3 open Safety Alerts within DCIQ, all of which required action by the Trust.	
	2 of the 3 alerts were for medicines and 1 involved a medical device.	
	2.1. 1.5 Galerie Weiger in Medical Control of Medical Control	<u> </u>



No alerts were overdue for completion. 4 safety alerts were reviewed and closed during June 2022 as they were not relevant to the Trust. NB advised that the process for reporting patient safety alerts is under review. Going forward, Divisions will evidence progress against each alert to allow sign off by the Governance Team. Lessons from formal reviews completed in June 2022 There was no report provided at the meeting. Committee discussed the best method for sharing lessons learned DC - Radiotherapy are trialling a new format to improve staff engagement. The Division meets monthly to focus on a specific topic with scenario based learning for staff in the form of a newsletter. Action: DC to update the committee on the success of the new DC format once established. JMc – Pharmacy are also producing a newsletter for support lessons learned from incidents. LM - Network Services currently disseminate lessons learned at Divisional meetings and via a newsletter. It is proposed to share Level 1 investigations with the SRG leads for tabling. JG – Lessons learned are also discussed and shared via ERG, Level 1 investigations are discussed at the weekly meeting which is attended by clinicians and consultants. TY – Suggested that lessons from low level medicine incidents are shared via the introduction of "druggles" - Pharmacists undertake teaching on the wards to capture as many staff as possible and advise on any emerging concerns or trends. JD queried why incidents relating to storage of medicines do not sit with the ward managers. TY agreed that responsibility should sit with the ward managers and is investigating the option of adding to Perfect Ward (Tendable) in the form of a dashboard. Quarterly medicine storage spot checks are also to be introduced. Action: NB to review Datix to ensure that incidents are being allocated to the correct NB department in relation to medicine storage on the wards. **Quarterly Patient Safety & Experience Report** JG shared the Q1 aggregated data, advising that this report will also be presented at Patient Safety, Patient Experience and Clinical Effectiveness Committees. JG drew attention to the achievements section and that there has not been a 'Never event' since 2010. Work will continue on the report and narrative added to support data. Data in relation to IRMER reportable incidents, safeguarding and clinical effectiveness will also be added. Of particular concern to JG is the pressure ulcer report; of the 852 patient safety incidents reported, 28 relate to pressure ulcers with 16 being Hospital Acquired Category 2. This element needs further scrutiny and is to be addressed through an improvement collaborative. of 7 FA suggested that a trend analysis report would also be a useful tool in relation to the pressure ulcer data. **Action:** JMc did not concur with the medicines data in the report and would welcome the JMc/JG



	NHS Found	lation Trust
	opportunity to review it with JG.	
	JG suggested that it would be useful going forward to form an editorial group to review the draft report stats.	O
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		JMc/JG
е	Breach Harm Reviews  NB reported that there were no Breach Harm Reviews identified this month.	
	No reported that there were no breach harm keylews identified this month.	
f	Training	
	LG provided an attendance and evaluation summary on the recent documentation training carried out at CCC. The first part of the training session was run by Hill	
	Dickinson and emphasised the legal implications of having good documentation. The	
	second part of the training session was delivered by Emma Daley (CNIO) and focused	
	on what good documentation looks like from a Trust perspective. A total of 51 staff attended the sessions across all divisions and feedback was generally positive, however	
	staff would prefer the training to be face to face when possible to do so.	
	LG recommends that another 7 sessions are scheduled. Hill Dickinson have agreed to support with the further sessions. LG would like to record the training and make it available to view on ESR.	
	Action: LG to provide a further attendance and evaluation summary to capture the 12 month period once all sessions have been held. AJ to add to the rolling programme.	LG Mar 2023 AJ
g	Audits The New Clinical Audit Newsletter was shared with the group for noting and	
	disseminating.	
17-22	For consultation/approval	
а	Emergency handbook review  Referenced within Matters Arising.	
	Treferenced within waters Ansing.	
b	Storage of hypersensitivity and anaphylaxis kits proposal paper	
0	Item covered at last month's meeting. JMc reported at June PSC that there is an emergency drawer in CCCL, verification required that this also applies to CCCA and CCCW before roll out.	
	Action: JMc to email confirmation to AJ for inclusion in the minutes.	JMc/AJ July 2022
С	Medicines Safety Committee Terms of Reference	
	TY confirmed that the current ToR is still in date. No further action required until annual review.	

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d	Changes to NEWS2	
	EW advised that approval has been given to go live with NEWS2. A meeting will be	
	held in September to finalise the changes.	
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	Action: EW to bring a verbal update to PSC in September. AJ to add to the rolling	EW/AJ
	programme.	Sept
е	Updated Consent Policy	U
	NB informed the committee that the Consent Policy is out of date and that CL has	
	updated the policy to include e-consent.	1
	KK advised that Clare James, Named Nurse for Safeguarding had discussed some	
	amendments with CL prior to him leaving the Trust.	
	Action: NB to verify with CJ that the changes discussed have been updated in the	NB
	policy.	110
	JG queried section 18.1 Annual Consent Audit to be undertaken by CET (page 41)	
	where audit results are presented, further clarification is required in the policy.	
	LM added that any references to CREST need to be removed as it is no longer in	
	existence and requested that reference is made within the policy to e-consent being	
	used for chemotherapy but paper consent is still in operation for radiotherapy.	
	Additionally, a concern has been escalated to the Medical Director that there is currently	
	no medical lead for e-consent.	
	Accordingly the Policy NOT approved at today's Committee.	
	Action: NB to set up a task and finish group for e-consent and resubmit policy to PSC at	
	a future date for approval.	NB
f	Transition from NRLS reporting to LFPSE	
	NB reported that all Datix reportable incidents are currently uploaded to the National	
	Reporting and Learning System (NRLS). The national team review all the incidents from	
	all of the trusts around the country to identify the most significant risks. This system is	
	due to cease in April 2023 and will transfer to the NHSE Learning from Patient Safety	
	Events (LFPSE) platform. It will be a real time reporting system removing the need for	
	bulk uploading, however it will include additional mandatory questions. Datix will require	
	reconfiguration to align to the new system.	
	NB would like CCC to become an early adopter and has already started conversations	
	with Datix and the Trust Digital team to go live with LFPSE before NRLS is switched off.	
	JG is concerned that there will no longer be an opportunity to cleanse the narrative	
	before real time upload. Education and training will need to be provided around	
	reporting in the third person and the use of professional language.	
	A Maria ND to while a finish an include to Outober DOO All 1111 (1111)	
	Action: NB to provide a further update to October PSC. AJ to add to the rolling	NB/AJ
	programme.	
X	Medication Delivery SOP - CPL	
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	Burhan Zavery (BH) joined the meeting to present the draft SOP for the Medicines	of 7
	Delivery Service. Pharmacy CPL have provided a medicine delivery service for CCC	
	since 2020 from the onset of the Covid-19 pandemic and it has since been formalised as	
	an established service. The draft SOP aims to refine the way referrals are made and	
	establish controls for eligibility.	
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	NAS FOUND	
	Committee made the following observations:	
	KK - Point 6.1 to be amended to include patients with any additional needs to cover LD,	
	Dementia etc.	X'U
	JMc – The SOP needs to be more explicit in terms of the referral criteria with more	
	practical advice. BZ advised that there will be screen shots and a communication process to aid with this.	
	FA – Asked whether there has been an audit undertaken on the service over the last 2	
	years and from a legal standpoint what is the accountability and governance around the	
	service? TY informed the group that the delivery drivers are employed by CPL and	
	therefore CPL have accountability for the medication until it is handed over to the	
	patient, this follows the same principle as if it was given out from the dispensary.	
	JG – thought that the SOP was difficult to follow and the background section not relevant to the process. There were also a number of abbreviations. JG also enquired	
	whether an Equality Impact Assessment had been completed? With reference to the	
	delivery driver and appropriate hand hygiene, the narrative needs to be more	
	descriptive. How do we monitor if medicines have exceeded recommended storage	
	temperatures and how do we train the delivery drivers and audit compliance against the	
	process?	
	Committee agreed that until processes within the SOP are clarified further the SOP	
	could <b>NOT</b> be approved at today's meeting.	
	could NOT be approved at today's meeting.	
	Action: NB and BZ to identify the current risks within the Medicine Delivery Service and	
	add to the Trust risk register.	
	Action: Draft SOP to be resubmitted to PSC after further consultation and revision in	
	September. AJ to add to the rolling programme.	
		NB/BZ
		NB/BZ
		NB/BZ BZ Sept
18-22	Sub Committee Minutes	BZ Sept
а	Safeguarding Committee – Not met	BZ Sept
	Safeguarding Committee – Not met Infection Prevention & Control Committee	BZ Sept
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	before, 50 minutes after and at the end of the transfusion. Audits have been undertaken on Ward 1 following a complaint and will now be rolled out Trust wide.	3
	The consequences of not adhering to the policy are to be discussed with the nurse leaders at the next Nurse Leaders Forum in August. JG commented that it is imperative that safe blood transfusion delivery is evidenced.	7/2
	Action: JG to discuss the issue at Nurse Leaders Forum in August.	
		JG
19-22	Items for escalation to Risk and Quality Governance Committee	
	* There is currently no medical lead for e-consent.	
	* Risks within the current operation of the Medicine Delivery Service have been	
	identified and are to be added to the trust risk register.	JG
20-22		
	There was no other Business.	
21-22	Date and time of next meeting	
	24 <sup>th</sup> August 2022, 3.00 pm	
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